TCTAP C-085

Chronic Total Occlusion Intervention with No Flow Tackled Successfully

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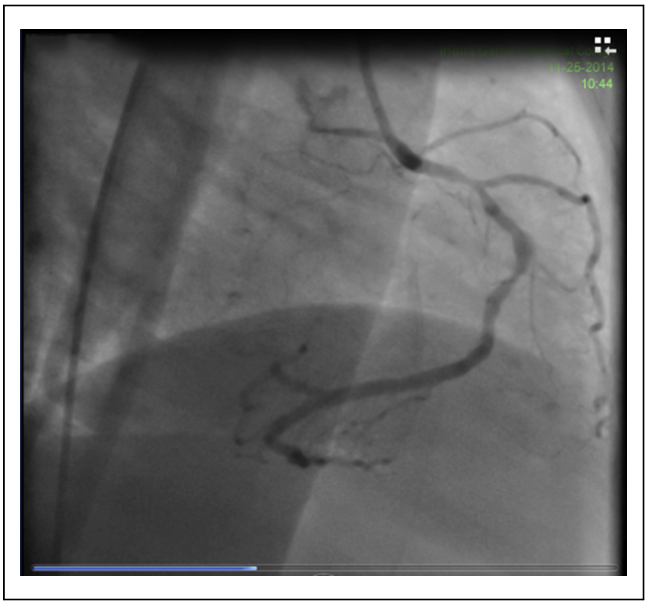
[CLINICAL INFORMATION]

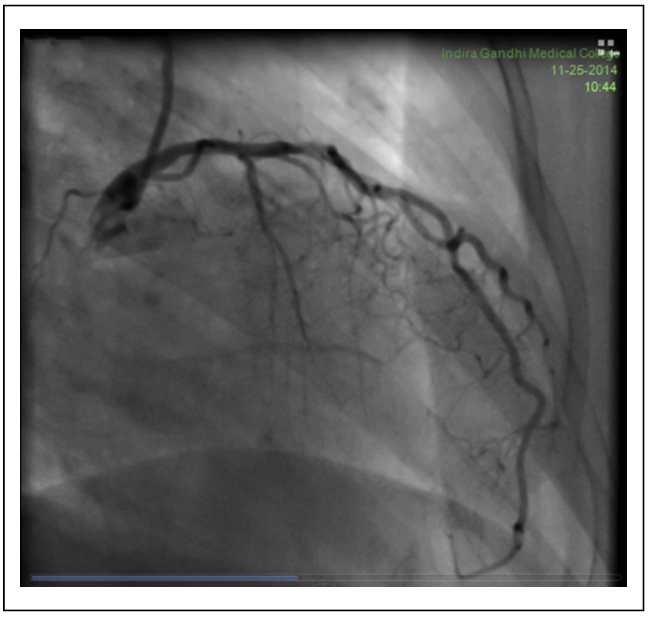
Patient initials or identifier number. KC

Relevant clinical history and physical exam. 60/F,k/c/o of HTN, CAD/AOE-II/III X 1 year with poor drug compliance and strongly positive TMT @ 7 METS.

Relevant catheterization findings. CART s/o TVD- prox. RCA 60%, mid RCA 70%, distal LCX after OM1 CTO with grade III collaterals from LAD and RCA, mid LAD 60%, distal LAD 70% stenosis with small caliber vessel and Right Dominant circulation

Plan was CABG vs. PCI. Patient opted for PCI.

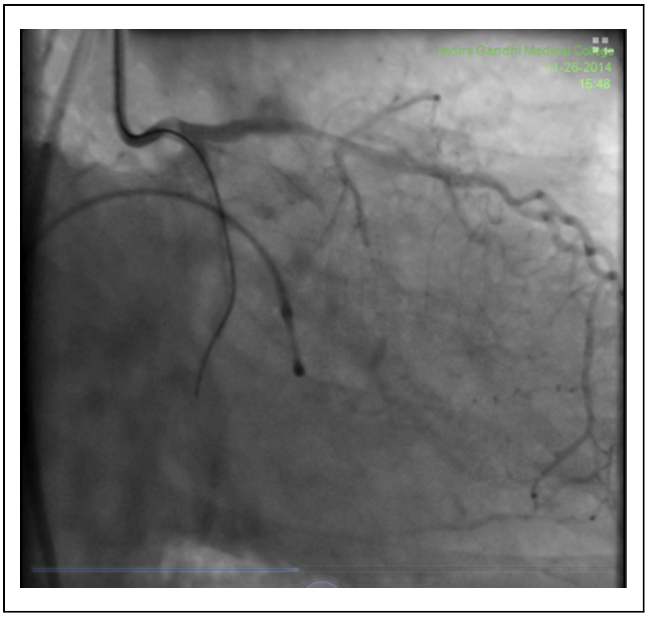


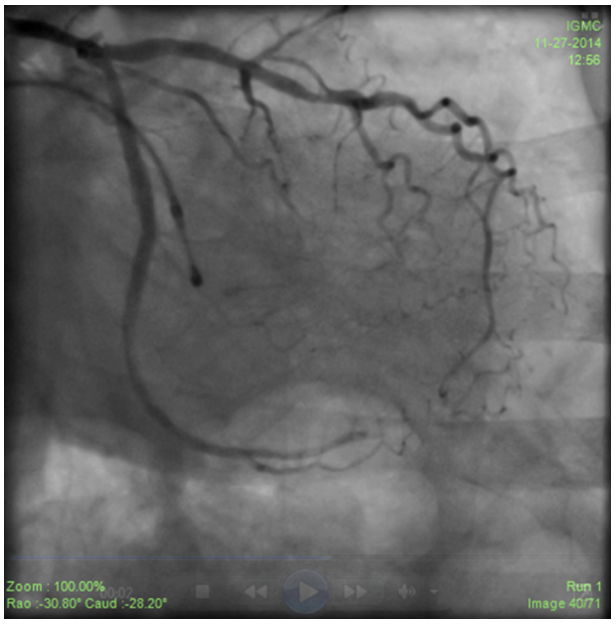


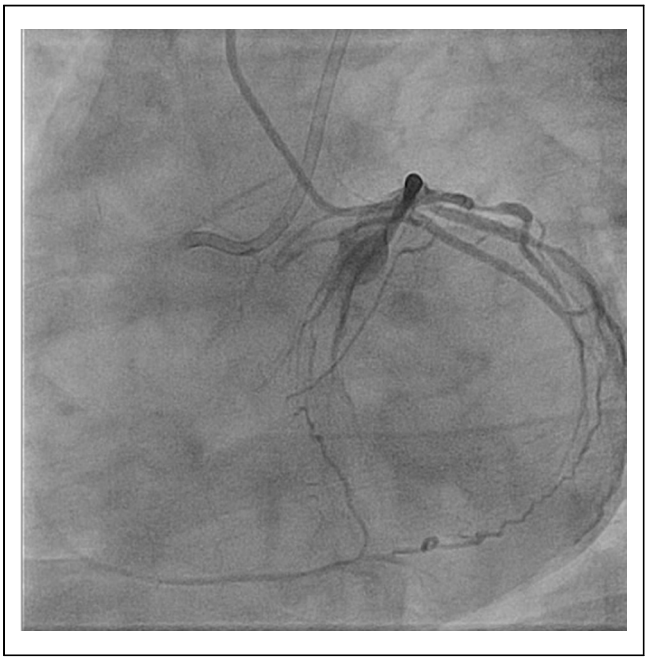
[INTERVENTIONAL MANAGEMENT]

Procedural step.

- LMCA hooked with JL 3.5/6F coronary guiding catheter, lesion crossed with MIRACLE 3 wire and then replaced with BMW wire. Angioplasty done with 1.5 × 10 mm Sapphire II Balloon @ 12 atm × 15 seconds each twice.
- Haziness was present which was again dilated with 2× 10 mm Sprinter Legend Balloon @ 12atm × 15 seconds.
- Patient had developed flow limiting dissection. Biomime 2.5 × 29 mm stent deployed @ 16 atm × 25
  seconds in distal LCX.
- Check angiography showed no flow.
- Patient was given i/c Nitroglycerine, Nicorandil, Adenosine and Tirofiban.
- Check angiography showed TIMI- II flow.
- i/v infusion of Tirofiban was continued for 18 hours. Check angiography next day revealed normal flow through and beyond stent. TIMI - III flow achieved.







Case Summary.

- No flow/ Slow flow should always be kept in mind while tackling CTO other than PCI in ACS.
- Flow limiting dissection, coronary spasm and large thrombus should be ruled out before relabelling patient as true No flow/ Slow flow.
- If it persists, pharmacological agents should be used to tackle it.

TCTAP C-086

RCA CTO PCI: Case of Difficult Wiring Tackled with New Wires

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[CLINICAL INFORMATION]

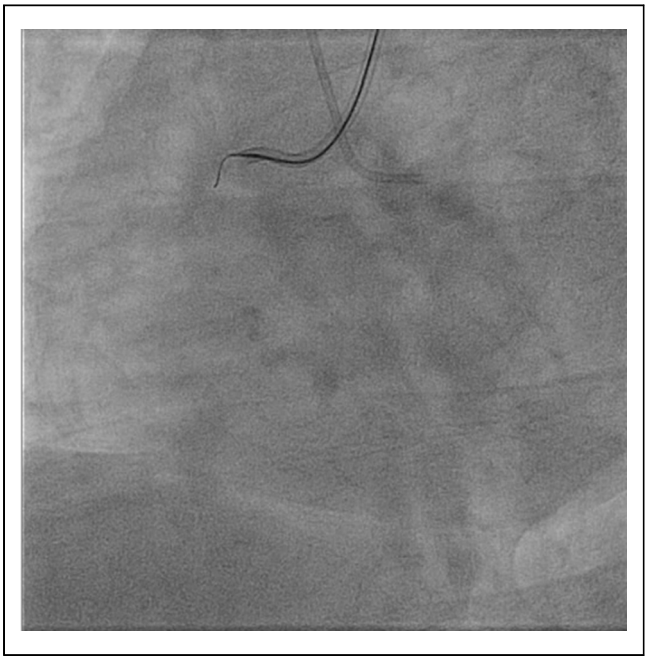
Patient initials or identifier number. BP

Relevant clinical history and physical exam. 42 Yrs Gentleman, presented with chest pain suggestive of exertional angina for last 6 months with increasing severity(crescendo Angina), Class III,having risk factor of Dyslipedem
Smoking and Diabetes

Relevant test results prior to catheterization. NORWMA Good LV Function
TMT +ve for inductive ischemia

Relevant catheterization findings.

1. RCA Long segment CTO
2. LAD normal
3. LCX Non dominant, normal giving collaterals to RCA



[INTERVENTIONAL MANAGEMENT]

Procedural step. Via Right Trans femoral route 7f FR guiding catheter was engaged to RCA and Via Right transradial approach LCA was engaged with TIGER catheter for contrallateral injections. Initially with corsair support, Fielder XTA wire was tried but,stuck in sub-initima,then wire was changed to GIAI I which was negotiated via long CTO Segment checking in RAO and LAO views successfully passed into distal true lumen. Subsequently predilated and deployed 2.5×38 DES distally and overlapped with 2.75×18 DES proximally. Post dilatation done with good result.